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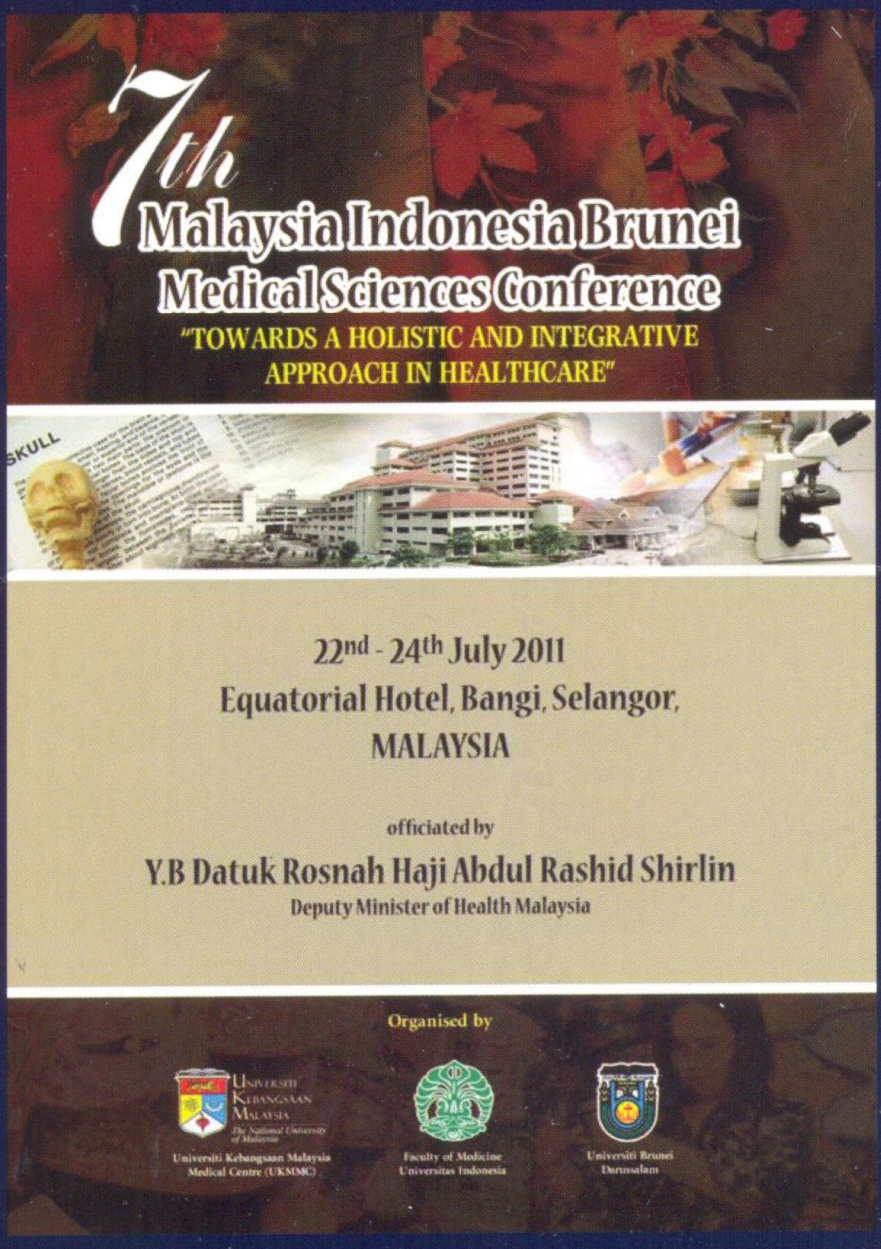

YOUNG HYPERTENSION AND ITS ASSOCIATED FACTORS AT UNIVERSITI KEBANGSAAN MALAYSIA MEDICAL CENTRE (UKMMC): A 2008 REVIEW

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Background:
To date, the prevalence, aetiology and characteristics associated with young hypertension is very scanty.

Materials and Methods:
A cross-sectional analysis was performed. A total of 553 hypertension records were identified in the year of 2008 of which 549 cases fulfilled the study criteria. These cases were divided into young and non-young hypertension.

Results:
A total of 9.8% were young hypertensives and only 22% were investigated for a secondary cause. Metabolic [e.g. metabolic syndrome (n=2)] and endocrine diseases [Cushing's disease (n=1), primary aldosteronism (n=2)] were the main causes. Those not investigated were due to the diagnosis of hypertension made many years ago, where investigations for secondary causes were rarely done. The median age of diagnosis for young and non-young hypertension was 32 and 55 years respectively; while their mean blood pressure at presentation was 139/81mmHg and 147/83mmHg respectively. In both groups, beta blockers remained the most frequently used antihypertensive agent. In the young hypertension, patient with family history of hypertension, ischemic heart disease, and diabetes mellitus is significantly ($p<0.001$) higher than the young hypertension without family history. There was no significant difference with regards to co-morbidities, complications (including target organ damage) and baseline investigations (such as renal and lipid profiles, fasting blood sugar) except a significantly lower urea and LDL-cholesterol in the young hypertension group ($p<0.001$). The complications (including target organ damage) between the two groups were compared at baseline and after five years of diagnosis. No significant differences were noted.

Conclusion:
Early detection and treatment in young hypertension is essential to prevent target organ damage and reduce the economic burden associated with long-standing hypertension.

Key words:
hypertension, secondary hypertension, young hypertension, endocrine hypertension, blood pressure